

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/1678128 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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49						
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TOTAL IND.	5					
TOTAL DEP.	43	→	→	→		
TOTAL CLAIMS	48					

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		→	
TOTAL DEP.		→	→
TOTAL CLAIMS			